Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date;	09/03/2010	Address:	472 S. CR 350 W.
Case #:	42F-31091		Greensburg, IN 47240
County:	<u>Decatur</u>		
Operation	aboratory Seizure (check one) onal Lab al/Glassware/Equipment (only) te (only)	Scizure Location (c Residence Outbuilding Vehicle	check all that apply) Hotel/Motel Open – No Structure Other:
(check all the Lithium Red Photos Flamma Water Flamma Hydrock Corrosin Corrosin	nd: Location (bedroom, kitchen, open at apply) /Ammonia Reaction(s): osphorous/fodine Reaction(s): ble Solvents: Reactive Metal (Lithium): ous Ammonia: Open Air hloric Acid Gas Generator(s): ve Acid: ve Base: tern and location):	ir. etc)	
Child under age 18 discovered (check one) Investigative Information ☐ Yes (number present) ☐ Ephedrine/Pseudoephedrine Tracking Log ☑ No ☐ Retail/Merchant Tip *If yes, fax report to Child Protective Services ☑ Other: Law Enforcement This report is to be faxed to the following agencies that serve the location: Fire Department: Greensburg FD Fax: (812) 663-6887 Health Department: Decatur County Fax: (812) 663-4174 Fax: N/A			
Child Protection Service: N/A For further information regarding this methamphetamine laboratory, contact Investigating Officer: Franklin Phone (765) 825-2115			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.